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ABSTRACT

A product of a May 1976 conference on Head Start's collaboration with other agencies, the guide presents information on providing services to preschool handicapped children and their families. The first section discusses the development of the Kentucky State Advisory Council to Head Start's Program for Exceptional Children. Reviewed in the second section are screening procedures used by the state of North Carolina. The rationale, planning, training activities, personnel roles, implementation, evaluation, and followup of the screening are analyzed. The final section discusses the planning involved in holding a conference on prevention and early intervention with developmental disabilities in Owensboro, Kentucky. Considered are such elements as scheduling, advertising and promotion, and planning. Also included in the document are scripts from three slide/tape shows on agency collaboration. (CL)

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A GUIDE TO RESOURCE COLLABORATION IN HEAD START

prepared by

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Contents

PREFACE 4
INTRODUCTION 6
SETTING UP A STATE ADVISORY COUNCIL 9
Bylaws 10
PLANNING AND IMPLEMENTING A STATEWIDE SCREEN 15
Rationale for Screening 16
Planning the Screen 18
Implementation of the Screen 25
Region IV Preschool Screening Program 30
Evaluation 31
Follow-Up 31
Exemplary Training Package 31
Role of N. C. Screening Facilitator 34
Role of Director 35
Role of Local Coordinator of Handicap Effort 36
Roles of Nurses and Health Assistants 37
Role of Education Coordinator and Teachers 37
Role of Parents 38
Role of Children 38
Roles of Screening Team 39
ORGANIZING A PREVENTION CONVENTION 41
Introduction 42
Operation Prevention Convention 43
Interdisciplinary Approach 47
Planning 47
Preparing 47
Presenting 48
SLIDE/TAPE SCRIPTS 49
Love Your Resource Neighbor 50
Reach to Resources 57
Use of Students 63

Preface

Dear Colleague,

What you have in your hands is a product of the Collaboration 76 conference held in May 1976 in Atlanta, Georgia. That conference was constructed to promote Head Start's collaboration with other local, state and federal agencies in providing services to preschool handicapped children and their families. It is hoped this package will carry on with that cooperative spirit and determination shared among Collaboration 76 participants.

The major elements of the kid include:

SLIDE/TAPE SHOWS

-- "Love Your Resource Neighbor." Originally presented in Atlanta as a three-screen, multimedia show, this is a succinct overview of resource collaboration. It presents the historical perspective, rationale, process, examples, and benefits of collaboration. Special emphasis is placed on specific models that have emerged at the national, regional, state, cluster, and local levels in providing direct services to handicapped preschoolers and training to personnel in Head Start. Produced by Trina Gentry and David Hodskins of the Chapel Hill Training-Outreach Project, Chapel Hill, North Carolina.

-- "Reach To Resources," Use of Resources at the Cluster Level. This show presents a collaborative approach developed by the Audubon Area Specially-Funded Cluster, Owensboro, Kentucky, to achieve effective collaboration in services to handicapped children in Head Start. The presentation focuses on a "Prevention Convention" which provided several Western Kentucky communities with information relevant to the prevention of birth defects, the identification and early intervention of developmental disabilities, and services available at the state and local level. Produced by Ginger Moore of the Audubon Area Head Start Program.

-- "Use of Student Interns in Head Start." This presentation focuses on Head Start's involvement of student interns in providing expanded services to handicapped children. Elements of the presentation are the rationale, process, sources, types of student involvement, and benefits of this collaborative approach in Head Start. Produced by Trina Gentry and David Hodskins of the Chapel Hill Training-Outreach Project, Chapel Hill, North Carolina.

VIDEOTAPE

"Community Interaction." A videotape which discusses and demonstrates the advantages of close communication between agencies that deal with preschool handicapped children and which explores some of the problems involved in effective agency interaction. The tape presents the situation in Chattanooga, Tennessee, where the interaction is just beginning, as a model for other Head Start agencies.

"Should Steven Be Mainstreamed?" A videotape which documents the difficulties involved in the diagnosis and remediation of Steven, a child afflicted with

severe cerebral palsy. The tape explores the opinions of Steven's family and several local experts on whether Steven would be helped or hindered by being mainstreamed. The tape presents the emotional, medical, educational, and societal aspects of the situation and leaves the issue unresolved.

Videotapes produced by Harry Glaser, David Glasgow and Steven Taylor of Chattanooga Head Start, Chattanooga, Tennessee.

A GUIDE TO COLLABORATION IN HEAD START

-- "State Advisory Council." This section presents the development of the Kentucky State Advisory Council to Head Start's Program for Exceptional Children. Included is a presentation of the bylaws which govern the activities of that organization. Developed by Head Start State Training Office, Frankfurt, Kentucky, Sue Ann Losey, State Coordinator.

-- "The North Carolina Screen of Head Start Children." This manual documents the procedure the state of North Carolina used in screening Head Start children. It presents the rationale, planning, training activities, the roles of key people, implementation, evaluation, and follow-up in the state screen. Developed by Jo Pennington and Nellie Jones, Head Start State Training Office, Greensboro, North Carolina.

-- "Prevention Convention." This section documents the planning and collaborative efforts that made possible a "Conference on Prevention of and Early Intervention Into Birth Defects and Developmental Disabilities," which was held in Owensboro, Kentucky, April 1, 1976. Includes tips on scheduling, budgeting, advertising and public relations. Ginger Moore, Audubon Area Head Start, Owensboro, Kentucky.

Materials in this package may be duplicated with credit given to appropriate sources. If you need additional information regarding the use of any materials included in the package, please contact me at Chapel Hill Training-Outreach Project.

Wishes for successful collaboration in Head Start!

Best regards,

Donna Pinkstaff

Donna Pinkstaff
Project Coordinator
Region IV Services to Head Start

INTRODUCTION

6

LOVE YOUR RESOURCE NEIGHBOR

RESOURCE COLLABORATION IN HEAD START

We are all familiar by now with the 1972 Amendments to the Economic Opportunity Act (Public Law 92-242) which called for at least 10 percent of the nationwide enrollment in Head Start to consist of children who are handicapped and require special services.

The legislative mandate designates that, in addition to continuing to serve children with milder handicapping conditions, Head Start should also enroll and provide needed services to severely handicapped children in a mainstream setting.

In satisfying the mandate, one of the first problems faced by Head Start programs was the identification and recruitment of children with handicaps. By providing information throughout Head Start communities about the priority effort to enroll handicapped children, local programs created an awareness that Project Head Start is an emerging resource for services to preschool handicapped children.

With the advent of the handicap effort there was a need for Head Start to relate to a wide variety of community resources. To expedite this collaborative process, the Office of Child Development and the Bureau of Education for the Handicapped issued a joint memorandum in September 1975 calling for closer cooperation between the two agencies.

Additionally, in January 1976, the Developmental Disabilities Office and OCD issued a joint memorandum which established their efforts in seeking ways to share expertise and resources.

A recent revision of the mandate requires a 10% enrollment on a state-by-state basis, instead of the previous national basis. This revision, along with a new emphasis on serving the severely and profoundly handicapped child, have magnified the responsibilities of each Head Start grantee in the country. A need for direct, specialized services to Head Start children and a need for staff training dramatizes the overall need for strong collaborative efforts with existing resources.

HEAD START AND THE COLLABORATIVE PROCESS

Collaboration is fundamentally the process of working together and takes place in many ways and on many levels. Head Start programs can collaborate with other agencies at 3 levels:

through general understandings

common expectations

formal commitments

Commitments are collaborative agreements that include planning, management, finances, communications, personnel services and training. Collaboration of this type is easily measured and leads to useful documentation and the evaluation of the collaborative process. Commitments require the cooperating agencies to mutually establish goals and develop objectives for performance. Head Start programs are encouraged to make formal commitments with other agencies. In FY 77 the National Office of Child Development will be monitoring each Head Start agency's efforts to collaborate.

COLLABORATION IN HEAD START

In most Head Start communities there is a variety of resource agencies serving the young handicapped child. These agencies are potential sources of collaborative service delivery with Head Start. Bureau of Education for the Handicapped funds over 500 personnel preparation programs located at institutions of higher education and within state education agencies. Many Head Start programs are located near a BEH project. Collaborative efforts between BEH and Head Start have provided training sessions and service demonstrations for Head Start staff.

Another federally funded resource in some Head Start communities are University Affiliated Facilities (UAFs). These university based programs are funded through Developmental Disabilities Office and offer interdisciplinary programs for personnel preparation in the developmental disabilities area, including child development, special education, social work, speech pathology, and physical and occupational therapy. Throughout the country UAFs have already become involved with local Head Start programs by providing services including screening, diagnosis, evaluation and treatment, staff training, and program technical assistance.

The Education of the Handicapped Act authorized financial assistance to state education agencies for the implementation of statewide plans that will provide educational and special services to preschool children with disabilities. On March 17, 1976, BEH issued proposed regulations governing federal grants to the states for this purpose. Every state applying for federal funds must develop a state plan. Head Start is well-positioned to influence the drafting of these state plans, and may receive some of the monies through contacts with the state educational agency. Head Start directors are urged to contact State Departments of Special Education to become involved in this plan development.

Head Start programs are encouraged to seek collaborative opportunities with community college and university Special Education departments. A collaborative effort between these two agencies can involve the placement of college and university interns in Head Start classrooms. University and technical institutes find in Head Start a field laboratory where theory can be put to practice. The students in the classroom can help extend Head Start's range of services and reduce the teacher-pupil ratio, thereby enhancing individualization for the children.

The goal of Head Start personnel who are working with young handicapped children is to help enable them to live up to their full potential. Head Start recognizes that it cannot provide all of the many and diverse specialized services that are required by these children. Yet, through successful collaboration with local and state agencies that provide these, Head Start children with special needs can receive these specialized services.

Setting up a State Advisory Council

unit 1

9

DEVELOPMENT OF A STATE ADVISORY COUNCIL TO THE HEAD START PROGRAM FOR EXCEPTIONAL CHILDREN

In 1974 the Kentucky Head Start State Coordinator for Services to the Handicapped instigated the development of a state advisory council. This council was designed to advise, recommend and assist Kentucky Head Start programs in coordination of resource utilization and multi-disciplinary services for the exceptional children in those programs.

The state handicap services coordinator began to construct the council with membership from a core group of individuals representing these disciplines: preschool education, social work, special education, teacher preparation programs, medical, legal, psychological, state agencies, Kentucky regional agencies, local agencies, and parents.

As the council convened for the initial meetings, they decided to establish bylaws which could serve as procedural guidelines and also strengthen the role of the advisory board. Goals of the council were set forth in the bylaws.

The relationship of the advisory council to Head Start staff was viewed as a reciprocal one involving the exchange of information and ideas from both parties. Members wanted the State Advisory Council to serve as an advocacy body for Head Start.

As the months passed the Kentucky Council became solidified and provided strong support to the state Head Start effort at serving exceptional children and their families.

The bylaws document developed by council members provides pertinent information useful to agencies interested in establishing such an advisory council. A reprint of the Kentucky State Advisory Council bylaws follows.

10

BYLAWS
State Advisory Council to the
Head Start Program
for
Exceptional Children

Article I -- Name

The name of this Council shall be the State Advisory Council to the Head Start Program for Exceptional Children.

Article II --
Purpose and Objectives

The State Advisory Council to the Head Start Program for Exceptional Children is organized to advise, recommend and assist State Head Start Programs in the coordination of interagency and multi-disciplinary services for exceptional children.

Within the framework of these purposes, the Council shall engage in whatever activities are necessary to meet the following objectives:

Section 1. Provide advice and assistance to Head Start personnel upon their request.

Section 2. Provide information and clarification on:

a. services and/or programs appropriate for coordinating the effort to serve exceptional children;
b. state and national trends and issues which may affect program planning and implementation.

Section 3. Recommend to the appropriate person(s) or group action on specific issues.

Section 4. Serve as an advocacy group.

Section 5. Serve as liaisons between agencies represented and Head Start Offices.

Article III -- Council Membership

Section 1. Composition: Membership of the Council shall not exceed twenty-five (25) persons at any one time. Council membership shall be a balanced representation from, but not limited to, the following perspectives and disciplines: preschool education, social work, special education, teacher preparation programs, medical, legal, psychological, State agencies, Kentucky regional agencies, local agencies, parents. Geographic representation shall be maintained.

Section 2. Selection: Members of the Council shall be selected through the nomination and election procedures set forth in these Bylaws.

Section 3. Length of Term: The term of membership to the Council shall be three (3) years. The terms shall be staggered on a fixed cycle basis so that as nearly possible one-third (1/3) of the membership is elected each year. The term of any member shall expire at the end of the period for which the member was selected or appointed or as soon thereafter as a duly elected or appointed successor is available to assume the post.

Section 4. Midterm vacancies and Election Emergencies: A midterm vacancy among Council members shall be filled upon recommendation by the Executive Committee and confirmation by the Council membership in session or by mail vote. The member whose vacancy is occuring may nominate a replacement for the remainder of their term.

Section 5. Restrictions:

a. No member of the Council who has served two (2) full terms is eligible to succeed himself, however, such a person shall be eligible for re-election to Council membership after a lapse of one (1) year.
b. Council membership will be terminated for any member who misses more than two regularly scheduled meetings during any fiscal year unless the chairperson of the State Advisory Council has been duly notified.

Section 6. Ex-Officio Attendance: State Training Officers and Cluster Coordinators should attend Council meetings and may at such time serve in a consulting capacity. Meetings are open to all other people interested in Head Start.

Article IV -- Officers

Section 1. Chairperson: The Chairperson shall preside at all meetings of the Council and at all meetings of the Executive Committee. The chairperson shall appoint all standing and special committees, subject to the approval of the Executive Committee, and shall be ex-officio member of all committees with the exception of nominating committee. Wherever necessary, the chairperson shall act for the Council between meetings, clearing important action with the Executive Committee by mail or telephone. The chairperson or such alternate as he/she may designate, shall represent the Council at meetings of other groups where Council representation is desired or required.

Section 2. Co-Chairperson: The secretary shall keep accurate minutes of the Executive Committee. The secretary shall provide copies of the official minutes of the Executive Committee to the Executive Committee members within ten (10) days after official meetings. He/she shall be responsible for the distribution of official minutes of the Council and the Executive Committee meetings within thirty (30) days after official meetings. He/she shall carry on correspondence and duties as necessary in regard to matters as delegated by the chairperson.

Section 4. Immediate Past Chairperson:

a. Immediate past chairperson shall serve on the Executive Committee; his/her duties will be primarily advisory in nature.
b. The immediate past chairperson shall serve as chairperson of the nominating committee.

Article V -- Executive Committee

Section 1. Composition: The Executive Committee shall be composed of the officers of the Council. Executive Committee membership shall be a balanced representation from the different perspectives and disciplines represented in the Council. At all times at least one person knowledgeable (in working/training and/or education experience) about early childhood education for the handicapped shall serve on the Executive Committee. Two members at large shall be elected by the Advisory Council to serve on the Executive Committee.

Section 2. Selection and Succession: Members of the Executive Committee shall be elected through the nomination and election procedures set forth in these Bylaws. A member of the Executive Committee who is nominated to another post on said committee shall be eligible to accept it, effective upon termination (either by expiration or resignation) of his/her present term of office.

Section 3. Duties: The Executive Committee shall meet prior to all business meetings of the Council and at other times as deemed necessary. It shall act as an advisor to the chairperson and approve appointment of standing committees and special committees. It shall conduct the affairs of the Council between meetings of the Council.

Article VI -- Committees

Section 1. Standing committees shall be as follows:
Executive Committee
Nomination Committee

Section 2. Standing committees and other special committees as needed shall be appointed by the chairperson with the approval of the Executive Committee.

Section 3. Nominating Committee: The nominating committee shall consist of three members. The Immediate Past Chairperson shall serve as chairperson. The chairperson of the Council, with the approval of the Executive Committee shall appoint the other two members. At least sixty (60) days prior to the Council meetings for the election of officers, the committee will submit to the Council membership a call for nominations, indicating the types of representation necessary to comply with the policies set forth in

these Bylaws. The committee will check these nominations to determine eligibility in fulfilling representation requirements and availability to serve as members of the committee. From these nominations and others that may be selected by the committee, a slate shall be circulated by mail at least thirty (30) days prior to the election date.

Article VII -- Meetings

Section 1. Regular Meetings: The Council shall schedule four (4) regular meetings each year.

Section 2. Special Meetings: A special meeting of the Council may be called by the chairperson with the approval of the Executive Committee.

Section 3. Presiding Officer: The Council chairperson shall serve as presiding officer at meetings of the Council.

Section 4. Voting Regulations:

a. Each member of the Council shall possess one vote. The presiding officer shall have a vote only in order to break a tie.

b. No Council member may vote by proxy.

c. In the event that less than a quorum is in attendance for any Council meeting those present may function in an advisory capacity, at the pleasure of the chairperson, after which the chairperson may seek Council acceptance of the group's recommendations.

d. In the event there is need to transact Council business for which a physical meeting is impractical, the chairperson may call for a vote by mail or telephone.

Section 5. Quorum: Twelve (12) Council members shall constitute a quorum.

Section 6. Notice of Meetings: Written notices shall be mailed to each member of the Advisory Council by the chairperson at least fourteen (14) days prior to the date of each regular meeting. A copy of the agenda for the meeting will also be enclosed. Written notices of special meetings shall be mailed to each Advisory Council member by the chairperson at least five (5) days prior to the date of the meeting. The agenda requiring the special meeting will also be enclosed.

Section 7. A quorum must be present for regular or specially called meetings for the transaction of business.

Article VII -- Amendments

Section 1. Amendments: These Bylaws may be amended at a regular meeting of the Council by a majority vote of Council membership.

Section 2. Notification: The Council membership shall be notified in writing of the intention of revision at least thirty (30) days prior to the regular or specially called meeting of the Council.

Planning and Implementing a Statewide Screen

unit 2

RATIONALE FOR SCREENING

INTRODUCTION

In 1973, the U. S. Congress enacted a legislative mandate affecting the entire network of Head Start programs across the nation. As many readers are aware, this mandate specifically states that "all Head Start programs must give immediate priority to handicapped children in filling enrollment vacancies through the normal turnover of program participants." (OCD Notice, Head Start Services to Handicapped Children, Chapter N-30-333-1-00, 1973)

Since the enactment of this mandate, the requirement for ten percent of Head Start enrollment to be available to the child with special needs has moved from a scope of ten percent nationally to one which is now intended for individual local Head Start grantees. With this requirement comes a need for a strong comprehensive approach to providing services to meet the individual needs of children and their families.

In order to individualize Head Start services to children, appropriate identification of needs must occur as an initial step in planning. Once eligible children have been identified and enrolled in the Head Start program, screening should be implemented to identify appropriately the special needs of each child.

The 1973 mandate states that screening in local grantees should address all areas of the handicapping conditions which are defined in the legal transmittal policy regarding the Handicap Effort of Head Start. These areas include: a) mentally retarded, b) hard of hearing, c) deaf, d) speech impaired, e) visually handicapped, f) seriously emotionally disturbed, g) crippled or other health impaired children who by reason thereof require special education and related services. This screening should be systematic and planned effectively to meet the special requirements of circumstances which characterize individual Head Start programs and participants.

This manual is written to assist Head Start programs as well as other child development programs in the planning and implementation of a screening program. The information herein is based on the experience and knowledge which has been gained through planning and implementing a previous Head Start screen for over 5,000 children in North Carolina during 1975. It should be noted that this particular screen focused upon communication disorders in the areas of: a) speech, b) language, c) hearing and d) visual motor. Hopefully, by explaining the entire process of preparing for and implementing this screen, local programs attempting to screen children can study this guide and implement a screening system which will yield beneficial delivery of services to meet the needs of young children and their families.

WHAT IS A SCREEN?

In order to clarify the meaning of the term, "screen", as used in the preceeding text, a summary of definitive statements follow. First of all, a "screen" is a sorting procedure which identifies among a group of children those who seem to have special needs for services in order to develop their maximum potential. A screen usually concentrates upon specific areas of development in children and is used as a beginning for determining the possible presence of a handicap or potential handicap. The results of a screen can set forth information to decide if a particular child needs a complete diagnostic evaluation or if the child is falling within the 'normal' range of development for his/her chronological age and seems to function

successfully without special assistance.

The term "screen" is not an appropriate synonym for "diagnosis", and never should be used as such. Screening is a step in an overall process of measurement activities. The screening steps should help determine the necessity of diagnostic evaluation. Screening should be used as a quick and cost-effective method for citing deficits and/or strengths in specific areas of development in a large number of children. In the North Carolina Head Start Screen for communication disorders, four specific areas were examined in an effort to locate the need for further specialized evaluation, and/or service. These four areas were: language, speech, hearing, and visual-motor coordination. This was a "screen"; the screen itself was not diagnostic, but instead helped to identify those participating children who seemed to have deficits in one or more of these four areas as well as those children who seemed to have no problems in language, speech, hearing, and visual-motor (according to those instruments used).

As stated by Nicholas Hobbs, author of The Futures of Children, the function of a screening test "is to identify persons at risk, and it should thus lead to referrals for a full assessment or diagnostic evaluation." It should be remembered that screening is one means to acquiring services. A screen should lead to services that are needed, rather than simply identifying needs with no follow-up services provided. In planning to implement a screen, an agency also should plan to pursue follow-up services. It is not advantageous to the child or the family of a child if deficits are identified with no plan for remediable services.

WHY SCREEN CHILDREN?

The rationale for screening children seems universal in that it is essential to identify problem areas at an early stage and begin remediation as soon as possible. It is even more effective if potential problems or high-risk situations can be caught before they develop, thus preventing the disablement of the child and family. A screen can be a useful means of early identification and/or a preventive detection device. ("A stitch in time can save nine.")

In the areas of language, speech, hearing and visual-motor, early detection of special needs can lead to more effective remediation. In those areas, it is quite possible that delayed treatment of problems may lead to severely delayed development in the children under study. However, a screen should be viewed as a suggestive indicator of an impairment and not as a final statement or label.

By administering an effective screen, children who appear to need special services can be referred to appropriate resources for these necessary services. Hopefully, children who seem to have potential problems can be observed more closely and receive individualized attention to prevent these problems from developing.

Screening of children should be done with the knowledgeable consent of parents. Parents should be aware of the purpose of the screen, the procedures to be used and the fact that results are not conclusive, but require additional diagnoses before a conclusion can be formulated.

The children in the Head Start programs are at a crucial period of their development. If problems are present, early identification is essential to the acquisition of

meaningful services for these children. Unless data can be gathered to show significant need for specialized services to be made available for children seeming to have deficits in certain skills, these children will continue to be placed on waiting lists or shuffled from door-to-door. As they wait for services, denial of and indifference to the large scale presence of their needs for help will continue unless screening information is appropriately used to signify the need for an improved service delivery system, regardless of socioeconomic status of the child.

PLANNING THE SCREEN

In planning a screen for identification of disorders, a systematic process is necessary. The following text intends to map out those steps which were necessary in planning the statewide N.C. Head Start Screen for Communication Disorders and should serve as a guide for planning and implementation of such a screen on a localized basis. While this screen was restricted to the four areas of a) speech, b) language, c) hearing and d) visual-motor, the same basic planning must occur for other screens. Effective or ineffective implementation is reflective of planning at all levels of involvement in the screen. There should be an orderly progression in planning a screening program. This guide outlines the following major decisions to be made. These decisions are presented in an order necessary for effective planning:

Decision 1 -- "What will the screen cover?"
Decision 2 -- "Who will coordinate the screen?"
Decision 3 -- "What are the objectives of the screen?"
Decision 4 -- "Should the community be informed?"
Decision 5 -- "How will the screening be funded?"
Decision 6 -- "Who will screen the children?"

DECISION 1: "What will the screen cover?"

While this question may seem obvious, a program screening children of numerous age levels may need to have various types of screens according to the ages of the children. (Infants could not be screened by the same instruments as a three year old in some areas of development.)

Once the target for the screen has been decided upon, the agency planning to conduct a screen must make other considerations.

As stated, the N.C. Head Start Communication Screen covered four areas: 1) language, 2) speech, 3) hearing, 4) visual-motor. Knowing the areas which will be screened strongly influences the choice of screening instruments to be used. (Simultaneously, this may influence the choice of population to be screened.)

Obviously, the election of areas to be examined in an overall screen will be more meaningful if based upon a logical rationale. A screen should not be implemented without a definite purpose which will improve services to the children and families involved.

Therefore, when deciding upon skill areas to be screened, strong consideration should be given to:

a) the chronological age of children involved,
b) the objectives of the screen: what is it that you want to identify?
c) what is the intent for the results of the screen?
d) who is available to do the screening?
e) what follow-up to the screen can occur?

DECISION 2: "Who will coordinate the screen?"

It is often true that several persons in various job positions will be involved in planning and implementing a screening program. Nevertheless, a screening program should have very strong coordination which requires the appointment of this responsibility to a dependable staff member. In the statewide screening effort for North Carolina Head Start, the central coordinator was the State Coordinator of Handicap Services.

The success of a state screen depended upon careful planning and coordination as a team. This planning and coordination had to exist at all levels of the screening program: state and local. In the local Head Start program, the major contact person for coordination was the local handicap coordinator. The local coordinator kept the Head Start Director informed regarding the screen: the local handicap coordinator was also responsible for selecting a suitable site to use for screening the children.

In the N.C. Statewide Head Start Screen for Communication Disorders, screening teams were used. These teams consisted of professionals and students qualified to screen children and often were not residents of the local community. Therefore, extensive coordination had to occur in making hotel reservations and ensuring that the screeners had accurate instructions for traveling to the screening site. The local coordinator of handicap services was responsible for this aspect of the screen.

The local handicap coordinator assisted the teachers in each classroom in designing a schedule which allowed for twenty children to be screened during each hour. As will be explained at a later point, children needed to be scheduled according to age, meal schedules, proximity to screening site, etc. Again, careful planning was needed.

Each local coordinator was responsible to a person in the role of "screening facilitator." In N.C. there were 13 screening facilitators, one being the central coordinator as well. The screening facilitators compiled a state network. This network was responsible for assisting and supervising the local coordinator of the screen.

DECISION 3: "What are the objectives of the screen?"

One of the first decisions which was made in the N.C. Communication Disorders Screen was that of formulating objectives to be accomplished through the administration of the screen. (These objectives follow.)

Overall Objective:
To provide a system including training and technical assistance for screening, diagnosis, referral and treatment of enrolled North Carolina Head Start children in the areas of:

a. Communicative disorders including hearing, speech and language.
b. Visual-motor development

Specific Objectives:

1. To establish an on-going system for screening, diagnosis, treatment and referral which is replicable by local North Carolina Head Start agencies.

2. To develop a prescriptive index of activities for use by Head Start staff members in order to enable maximum development of the individual potential of the Head Start child with emphasis on his/her special needs.
3. To provide parents (families) information and techniques for working with children who have special needs. Such information and techniques should complement the goals and objectives of Head Start.
4. To create an awareness on the part of the total community as to Head Start's goals and objectives as they relate to children with special needs.
5. To establish an early intervention program wherever possible for young siblings in the Head Start family.
6. To produce a media presentation on the North Carolina screening effort for Head Start. (Overall picture of what came out of the screen.)
7. To coordinate closely with already existent service and resource agencies in order to expedite the overall process and alleviate duplication of services (screening, diagnosis, referral and treatment).

Objectives at a local level might differ to some extent according to the individual community. It is very critical that the objectives for the screen be individualized to serve the needs of the particular local program composition. In order to do this successfully, several factors must be considered. Some of these are:

a) What is available to children in the program based on staff competencies?
b) Are parents being involved actively?
c) What is being done to develop children in the program?
d) What are the apparent deficits in the services being offered to children and families?
e) What are the apparent problems of children in the program?
f) What resources are available to follow-up on results?
g) What screens are under implementation already?

In order to establish purposeful objectives, it might be necessary to gain input from several sources. Parents, community, agency representatives, local program coordinators, teachers and other staff can offer valuable input as to the objectives which should be set for the screen.

DECISION 4: "Should the community be informed?"

YES. Another direct benefit of increasing the public awareness regarding a screening is to initiate case finding. The screening effort for Head Start has helped to locate additional children with special needs for the local programs. In the implementation of a screening effort in developmental areas, the following agencies should be contacted as possible resources for locating personnel to assist and for acquiring ideas to improve screening implementation:

public schools
developmental evaluation centers
mental health agencies
associations for serving exceptional children such as Cerebral Palsy
Association for Retarded Citizens
other preschool agencies
speech and language clinics
private practitioners
institutions, etc.

There are many ways to inform the community of the efforts of a child development program such as Head Start to screen children. Mass media avenues may be employed such as newspaper articles, television and radio spots. The content of the message should depend obviously on the purpose for publicizing the effort.

For example, in the statewide N.C. Head Start Communication Disorders screen, various types of media were used for different purposes at different points along the timetables. For example, a North Carolina University Department of Speech and Hearing Sciences supplied the N.C.S.T.O. with a listing of Speech Pathologists and Audiologists across the state. This listing was a valuable resource in the random selection of approximately fifty persons who received a personal letter requesting their assistance in implementing the screen. For this purpose, a personal letter seemed to be the most appropriate and effective means of creating public awareness in this particular group.

Another valuable method for informing the community of a screening effort which was used by the North Carolina State Training Office is that of newspaper articles. Screening children is a great service to the child -- his/her family and the community. Many community persons may realize for the first time through reading the local newspaper that these services are available to their children. Therefore, more casefinding can result.

In addition to newspaper articles and personal letters, such methods of public media as television, radio, speaking engagements, etc. are profitable. Remember that different individuals use different means of public media for keeping informed of the affairs in their community. However, almost everyone has at least one means for gaining information. Therefore, it is important to use as many forms of public media as possible to create awareness of the screen in the community.

DECISION 5: "How will the screening be funded?"

The issue of funding is one which needs early consideration. Although screening should be a cost-effective procedure, there are some expenses which are necessary in order to implement a screen.

a) Travel and Per Diem for Screeners

One of the first budgetary considerations is the per diem and travel payment for screening team members who are traveling from areas outside the local community. While it would be utopian to bypass this expense in implementing a screen, it is unrealistic and incompetent to design a screening budget without that a local Head Start program should not attempt to secure as many volunteer services as possible; however, budgets of other agencies are not always adequate to pay travel and per diem in addition to voluntary manpower services. Especially difficult for students is the endurance of travel and per diem expenses. In fact, for many students, this kind of expense is impossible. Therefore, in order to ensure the transportation of screening team members, plan for travel expenses.

In the N.C. Head Start Screening Effort, the travel expenses were paid through the NCSTO budget. Each screening team member who drove his/her vehicle was reimbursed for mileage at the same rate allowable for regular STO staff members: 15¢/mile.

Each screening team member was given written instructions as to the maximum expense allowance for each meal.

In order to prevent the screening team members having to use their personal money and wait for reimbursement, an agreement was reached with a statewide hotel chain (The Holiday Inn). A letter was sent to the Holiday Inn located in the city which was the location of each Head Start program participating in the screen. Instructions were given to the innkeeper regarding the food allowance for each screening team member. Each screening

team member was given identical instructions. Upon arrival at the Holiday Inn, each screening team member submitted a form from the STO which was completed by the innkeeper, signed by a team member upon leaving and then mailed to the STO by the innkeeper. This form showed the number of days spent by the screening team member at the Holiday Inn. Upon his/her departure, the innkeeper submitted billing for the expenses to the STO which then made payment to the innkeeper. Lunches were provided to each screener by the local Head Start program.

b) Consultant Services for Screening Children

Another budgetary aspect is the actual service of screening the children. In the N.C. Screen, no financial payment for screening service was made. The University personnel and other agency personnel who consented to the involvement of their students and staff in the screening implementation agreed that the practical experience for students in screening a population such as Head Start children would be valuable for numerous reasons.

c) Training Staff, Children and Community

Another budgetary consideration in screening preschool children is the preparation of the children and staff for the screen. This should not be a major expense but consideration must be given to the cost of training materials. A complete explanation of the training which is necessary will be included in the text under Decision 13.

The costs which might be encumbered upon a budget for training for the staff and preparing the children can be judged according to such considerations as the price of paper and other materials used in compiling a training package for children, staff and parents. If written announcements of the screen are made for purposes of informing the community, the cost of mailing, paper, ink, etc. must be compared.

d) Recording the Results

The form which is utilized in the recording of screening results will depend upon:

a) the screening instrument which is used.
b) the persons who design the screen.
c) the objectives for using the information gained through screening the children.
d) the developmental areas which are being examined.

These factors will also influence the number of copies needed for recording the screening data. For example, in the NCSTO Screen in Communication Disorders the results of the screening of each child were recorded in triplicate. This screening record form was appropriate for the screening instruments used at this time and for the population being served. This form was used in triplicate so that an original could be left with the Head Start program immediately preventing a delay in follow-up due to lack of knowledge about results, a copy for analyses could go to the agency consulting in the screen, and a third copy could be sent to the STO for purposes of follow-up and services to local Head Start programs.

In designing a screen for an individual Head Start Program, consideration may be given to the purchase of screening booklets or recording forms as advised by the screening consultant. There are alternative strategies for acquisition of appropriate screening records. It could be true that the agency which acts as a consultant to the screen will supply the record forms

and this will be included in a consultant fee or special arrangements can be made. Nevertheless, this expense should be considered during the planning stage.

e) Transportation of Children

The screening of children may be done in the Head Start Center if it meets the necessary requirements for an appropriate screening site. However, it will be necessary to transport the children to an appropriate nearby site if one is not available in the Head Start Center. In this case, the cost of transporting children will need to be computed. If school buses or vans are available to the Head Start Center, this should be a simple matter of coordination. If this is not the case, it may be true that voluntary transportation can be arranged through parents or community residents. Transportation costs should be minimal as most Head Start programs have means of transporting children and the screening site should be located within close proximity to the children.

f) Estimated Cost of A Screening Effort

The basis for estimation offered here is that of a statewide screening effort. Obviously these figures could vary for various individual localities. In many situations, the travel expenses likely will be lower. However, as computed by the evaluation consultant for the NCSTO the screening cost per child was only $3.00 and the time required was .03 mandays per child.

Another advantage at the local Head Start level is the application of volunteer service time from persons outside the Head Start network as in-kind services. This favorably affects the non-Federal share of budget accounts; i.e. anyone who participates in the screening effort and is not employed by Head Start can be included among in-kind service if the person is not paid for services.

DECISION 6: "Who will screen the children?"

There are numerous resources which avail themselves to the screening of young children. When approaching these agencies it is beneficial to have a specific outline of the objectives of the screen, the problem areas needing assistance, the expectations that are held for the screeners involved, the desired timetable, etc. In other words, approach the potential screeners with a written plan to which they can respond. It is timesaving and more concrete if a written plan can be presented and left for response from the potential screeners.

The following outline suggests a format for acquiring the services of a resource agency in screening:

Steps in acquiring screeners

1) Identify the various agencies in a local community which can offer assistance in a screening effort. These agencies may include:
   a) Universities:
      1. School of Special Ed.
      2. Dept. of Comm. Health
      3. Dept. of Child Psych.
      4. School of Psychology
      5. School of Nursing
      6. School of Medicine
      7. Dept. of Speech and Hearing Sciences
      8. School of Social Work (to help with parent organization)
   b) Mental Health Centers
   c) Public School: city and county
   d) Developmental Evaluation Clinics
   e) Hospitals
   f) Public Health Departments

g) Associations for Exceptional Children
   1. Easter Seal Society
   2. Association for Retarded Citizens
   3. Council for Exceptional Children
   4. Lions Club
   5. Epilepsy Foundation

h) United Fund
i) Family Counseling Services
j) Dept. of Social Services
k) Dept. of Human Resources
l) Individual professionals in the community (do not overlook the retired citizens)

2) Develop a plan of action to be followed in the screening process which outlines specifically:
   a) the objectives of the screen for the local Head Start program.
   b) the desired timetable for completing and finishing the screen.
   c) budgetary planning; i.e. will a consultant fee be paid; handling of transportation cost.
   d) supervision available to students.
   e) general written information about the program requesting services, such as: 1) Director's name, 2) telephone number, 3) address and location of program, 4) # of children, 5) # of locations to use in screening children and addresses.
   f) needs for equipment to be used in screen.
3) Request a meeting with the various resource agencies in the community for the purpose of explaining the proposed screen. At this meeting, it would be helpful to have a well-organized presentation which includes the purpose of the screen, the plan of action, the timetable, the desired services and expectations. This presentation can be supplemented by an audiovisual presentation such as those available from the North Carolina State Training Office for Head Start.
4) Follow-up this initial meeting with the resource agencies by sending a volunteer form and a letter of explanation. Request the heads of each agency to complete the form and return it by a specific date if he or she wishes to participate as a
5) After allowing a few days for prospective screeners to receive their copies of the volunteer forms, follow-up by calling the decision-making person in each agency that is being considered as a target for acquiring screeners. Remind the persons that your child development program needs their assistance and that the opportunity will be very meaningful to their agency for gaining practical experience.
6) If necessary, make individual visits to the various resource agencies to discuss the screening plans or screening objectives with the staff and students. Once commitments are acquired from the resources, several meetings will be necessary to plan for the screening implementation.
7) Arrange a date with the resource agencies who have committed themselves to assisting with the screen for the purpose of finalizing a definite plan of action.
8) It may be necessary to have <u>one</u> resource agency serve as the central coordinating/supervising agency as the consultant to organizing the

screen. The Head Start director may prefer to do this; she or he should decide upon this early in the planning of the screen.

IMPLEMENTATION OF THE SCREEN

Just the planning of a screen requires an orderly progression of decision making, so does the implementation. These decisions are:

Decision 7: "How will children be transported?"
Decision 8: "Where will the screening site be located?"
Decision 9: "How will the screening process be structured?"
Decision 10: "Who should be on-site?"
Decision 11: "Which children are screened first?"
Decision 12: "How are children, staff and parents prepared?"
Decision 13: "How to train the screeners?"

DECISION 7: "How will children be transported?"

As has been discussed briefly in the text of this manual, it may be necessary to transport children to a suitable screening site. However, hopefully a suitable site will be available at the Head Start program or within very close proximity. It is unfair to the children to subject them to extensive travel prior to the screen as this will increase their fatigue level. If children are fatigued during their screening participation it is probable that their results will be unreliable and an invalid indicator of their abilities.

Nevertheless, if children must be transported, there are issues to be remembered. For example, if children will be away from their regular sites during lunch or snack time, a snack or lunch should be sent with each child. In this way the routine for the children can continue more normally and the children will be more satisfied.

Most Head Start programs have a transportation system in operation. This system can be utilized during the screen. Children should have adults present to supervise them during their trip to the screening site.

Bus drivers and/or other transporters should be included in the orientation training for preparation for the screen. A written schedule of the children's names, screening time, screening location, Head Start center and teacher's name should be given to the driver who has responsibility for the children. The driver should check off each child's name as he/she boards the bus/car and as he/she returns to the bus/car after the screen.

DECISION 8: "Where will the screening site be located?"

Careful selection of a screening site can make the screening operate smoothly and more efficiently. In the past we have found that churches were frequently ideal for screening purposes. Sunday school classes are often held in small rooms, equipped with "little people tables and chairs." Head Start centers, community centers, banks and other local buildings also serve as adequate screening sites. The county health department building may intimidate the children if they have had their immunization shots at the same site.

Here are some suggestions to be considered in choosing a site for screening:

1. The site should be as quiet as possible, located away from railroad tracks, and expressway heavy traffic, public toilets, or cafeterias in use.

2. The site should have carpets and curtains, especially in the rooms used for hearing testing. These furnishings help absorb ambient noise making the room more quiet.
3. Schedule testing in one site per day if at all possible.
4. The site should have bathroom facilities to accommodate the needs of the children and screeners.
5. The site should have at least three or preferably four to five small rooms for each of the areas to be tested. These rooms should allow for easy flow of children from room to room.
6. One room should have "little people tables and chairs" to accommodate the paper and pencil activities which are a part of the screening.
7. The test rooms should have two or three electrical outlets and adequate heat during the winter months. Be sure to have the heat turned on in the building the night before the screening is to begin and remember to bring several extension cords to the site if electrical outlets are few in number.
8. The site should have a comfortable waiting area, where all the children will stay prior to and immediately after the testing. Make arrangements for a place to keep the children's coats and wraps when necessary.
9. The teacher should plan to bring stories, quiet toys, coloring books and crayons to entertain the children while they are waiting.

IT IS STRONGLY URGED THAT THE TEACHER READ THE STORY OF GIGGLE McBEAN TO THE CHILDREN SEVERAL TIMES BEFORE THE SCREENING, PREFERABLY ON THE DAY OF THE TESTING. ONCE AT THE SITE THE STORY CAN BE READ AGAIN OR THE TEACHER MAY HAVE THE CHILDREN COLOR IN THEIR GIGGLE McBEAN COLORING BOOKS.

(Compiled by: The Bill Wilkerson Hearing and Speech Center, Nashville, Tennessee.)

DECISION 9: "How will the screening process be structured?"

One question which always seems puzzling until the process has been implemented one or several times, is the question of "what happens once the children arrive to be screened? Where do they go first?" Of course, this information is dependent upon the developmental areas being screened to a great extent. The screeners usually organize the process and the flow of children from one screening area to another, but it is helpful to have as much prior knowledge as possible. The N.C. Head Start Screen was organized in the following order:

First - Hearing
Second - Language
Third - Speech
Fourth - Visual-Motor

In explanation, the nurse for the Head Start program was asked to be on-site for the screen. Each teacher had the screening records for her/his students. Each child was required to have his/her ears examined by the nurse, using an otoscope. (Since impedance testing was done on children who needed this, it was necessary to medically examine the ears of all children.) Drainage or infection, etc., would prevent the utilization of the impedance bridge.

After the nurse examined each child's ear and recorded the results on the child's record, the record form was given to the child who had been prepared to hold on to the record between each screen. The child then returned to his group to wait for the screen to begin.

While children waited, teachers should have read stories and/or gone through various activities with the

children to make their time meaningful.

The first part of the Screen was the hearing screen. After the hearing screen, language, speech and visual-motor. Sometimes it was necessary to modify this process due to lack of willingness in a child to perform an area of the screen.

To ensure that each child went through each area of the screen, a name tag was used for each child. This name tag listed each of the 4 screening areas. The screener and/or handicap coordinator was instructed to check each area when the child finished that portion of the screen.

At the end of the entire 4-part screen, the child was given a stamp of "Giggle McBean" on his/her hands as a reward. ("Giggle McBean" is a fictitious character used to help children understand the screening process.)

In order to move children smoothly through the screen, the local handicap coordinator and/or teacher assisted. Rooms were set up closely enough to allow the assistant to walk the child to the appropriate screening room. Many local programs provided other reinforcers as well; i.e. apples, etc.

At the completion of the screen, the original sheet of the record form was given to the Head Start Coordinator of Handicap Services and the other two sheets were channelled to the consulting agency and the STO. The local Head Start programs filed their forms to use for further evaluation and study.

DECISION 10: "Who should be on-site?"

It is important to establish which persons will need to be on-site for the actual screen in order to reduce confusion. It is often helpful to have one or two parents on-site to manage the children by reading stories and helping with activities while the parents are involved in the screening program and gain a better understanding of their child. The teacher and teacher assistant should be on-site with the children. Also, the nurse should be on-site. The local handicap coordinator should be available and on-site as well.

The screening site should not be crowded by persons who do not have a function. This distracts children and confuses the process.

DECISION 11: "Which children are screened first?"

In some Head Start programs all children are within one chronological age range. When this is the situation, the major consideration for screening children within a class would be the behavior and activity patterns of the children. For example, children who tire very quickly would need to be screened first to prevent undue fatigue after waiting to be screened. Children who are easily distracted and very involved with environmental stimulus might need to be screened soon after the children who tire easily in order to maintain their behavior at as normal a rate as possible. Other children can be screened toward the end of the group schedule.

In other Head Start programs, the age of enrolled children may vary, as Head Start serves children who usually are aged from 3 to 5 years. In this situation, the younger children should be screened first. Three year old children are often timid and need more time to go through the screening process.

Also, it is important that the screeners ask the teacher at the beginning of the screen to identify those children who are suspected of special needs. This will allow the screeners to examine these children very closely for special problems.

DECISION 12: "How are children, staff and parents prepared?"

It is not only amusing in thought but vital to the effectiveness of the screening effort that staff, parents and children are endoctrinated by the Boy Scout Motto, "Be Prepared". A major part of the screening effort for N.C. Head Start was the training for parents and staff in order that they could prepare the children for the screen. Training was very helpful according to the evaluation of the persons receiving training. Also, the helpfulness of the training was documented by the level at which programs were prepared to implement the screen.

a) Children

Children were prepared for the screen through a "fun and games" approach. This same approach could be utilized for future screens with modifications as necessary. The preparation of children should begin at least two weeks prior to the actual screen. The following format can be utilized:

> Develop a story about a very happy child who goes through the entire screening process that each child will be expected to go through. Familiarize the children with this story as well as the main character in the story. For example, the Giggle McBean story was used in the N.C. Head Start Screen. Giggle McBean is a character who was developed by Charlie Walton, a consultant to the Bill Wilkerson Hearing and Speech Center in Nashville, Tennessee. An audio-tape was developed in conjunction with the story and distributed to each Head Start program for the teachers to use. However, competent Head Start teachers are excellent "story tellers" and can do a good job without the use of an audio-tape if necessary.

The teachers should plan their daily activities to include such things as puppets, word games, art activities, etc. which familiarize the children in a positive way with the screening process. Parents should be involved in order that they can follow up to the daily activities. Activity sheets should be given to parents so that they will have a concrete guide to follow in helping children. Teachers need a written guide as well.

b) The training of staff and parents

In the N.C. Screening effort for Head Start, each participating grantee received a special training day to prepare staff members and interested parents. This training was important to the success of the screen for various reasons. These reasons apply to a local program screening effort, also.

Some suggestions for supplementing the training of staff and parents for their roles are:

A. List tasks that need to be performed and hold a staff meeting with parents and staff to distribute responsibilities for the task.
B. Have a brain-storming session with staff and parents to develop activities for preparing the children.
C. Show a slide-tape, such as "A Fork in the Road," or the slide-tape presentation which accompanies this manual and entertain questions from the group.

Regardless of the training approach used, the trainer should be well

versed in the process that will be followed for the screening process. The trainer should present the information in a very orderly manner that is easy to follow.

c) Preparing Parents

As has been suggested throughout this manual, the parents should be directly involved in helping with the planning of activities which relate to their children. Therefore, parents should be requested to attend the training on the screen which is provided for the staff.

In addition to direct training, other activities should be used to supplement the knowledge of parents about the screen. For example, a parent consent and release form, signed by the parent or guardian of the child is required before any child can undergo screening, and/or receive services. However, each Head Start program has a consent and release form and this form usually serves the same purpose. It is still important, however, to have a conference with parents to inform them of the total process for screening their child including the purpose, how the results will be used and the actual tests which will be used.

A written explanation of the screen should be issued to all parents as well. In the N.C. Screen for Head Start, a newsletter entitled the Opportunity Letter was issued to all parents. This letter explained in writing the purpose and rationale for the screen. This letter was used by some programs in conjunction with the parent consent and release form. Parents were asked to read the release and consent form and sign it, returning it then to the teacher of their child.

Parents need to be involved from the beginning to end with their child's education. Any program which does not keep parents informed and directly involved is doing a great injustice to the child and parents and to the potential quality of the overall program.

DECISION 13: "How to train the screeners?"

Those persons who are utilized as screeners should meet certain qualifications. It is true that a screen is not in itself a diagnosis. However, the results of a screen cannot be considered reliable if a standard procedure is not employed. As has been suggested throughout the screening manual, there are numerous resources for obtaining screeners.

Regardless of the training and background of the screener, it is advisable that he/she attend the training being sponsored for the screeners. Of course, the person who is certified professionally in an area such as speech, audiology, psychology, pediatrics, etc. will have a different purpose in attending the training than will the students who perhaps are less experienced. Therefore, the training for screeners will need to be multipurposeful. The training program should provide the following information:

a) overview of the screening effort.
b) an explanation of:
   1. tests to be used for various screening areas, i.e. Goldman-Fristoe test of speech articulation
   2. procedure to use in using each screening instrument
c) general instructions about the screen such as:
   1. recording the results
   2. dates for screening and time schedules
   3. items which screeners may need to have on hand such as pens, pencils, etc.
   4. location of screening sites
d) question and discussion period.

In the N.C. Head Start Screen, university students and other volunteers were assigned to screening teams of usually 5-6 members. Students need supervision in order to accrue practicum hours and in order for the screening results to be accepted. Therefore, university staff members were used as supervisors, one supervisor per screening team. The training session allowed time to work with the screening teams in arranging transportation and providing necessary forms to them.

The following section indicates the training program agenda which was used for training screening team members in the N.C. Head Start Screen. In order to train members of screening teams, a uniform process of screening must be developed. Agencies which screen children normally have a set procedure to follow. Their consultation in this area will be necessary for preparing screeners. If an individual agency is providing all of the screeners, this agency will need to establish a procedure and train the staff of the Head Start program in order to prepare the staff members for the expected process.

REGION IV PRESCHOOL SCREENING PROGRAM

TRAINING PROGRAM AGENDA

1. Introduction of students and training personnel and supervisors.

   During this period, all trainees are introduced, including their experience and level of training. Supervisors are introduced to students.

2. Overview of the screening effort. Showing of "Fork in the Road".

3. Presentation of protocol.

   A. Language - syntax screen
      1. Origin
      2. Administration and scoring
      3. Pass-fail criteria
      4. Brief practicum - screeners should use instruments prior to actual screen

   B. Articulation
      1. Screen, speech intelligibility. Discussion of pass-fail criteria.
      2. Articulation test
         a. Origin
         b. Administration and scoring
         c. Pass-fail criteria
         d. Brief practicum

   C. Hearing
      1. Screen: administration and scoring, pass-fail criteria
      2. Threshold: administration and recording
      3. Impedance: administration and scoring

   D. Visual Motor Integration
      1. Origin
      2. Administration and scoring
      3. Pass-fail criteria
      4. General instructions about the screen (forms, records, etc.).

   5. Organization of students into teams.

   6. Question period or additional practicum.

   All members of the screening team will be provided with a procedure manual which contains a written form of the information above.

EVALUATION

In order to fulfill the requirements of an effective screening effort, it is imperative to conduct an evaluation of the planning and implementation processes. Planning for the evaluation should occur simultaneously while planning for the screening implementation.

In the North Carolina Screen, an evaluation was made by the local Head Start programs, the Screening Team Members and the State Training Office Staff. A standard evaluation tool was developed for the North Carolina Screen in order to gain a broad but consistent critique.

The evaluative feedback was indicative of the positive worth of the Screening Effort. Not only was the positive worth documented, but also directions for change and improvement were revealed.

FOLLOW-UP

No screening effort can be complete without the necessary follow-up activities. In the Communication Disorders Screen of N.C. Head Start, follow-up has involved many areas. It is expected that any similar screen would require equal follow-up.

Once the children have been screened, follow-up should include:

a) conferring with parents regarding the screening results for their child.
b) conferring with teachers and other staff members regarding the screening results of children in their classrooms and caseloads.
c) referring children and parents to appropriate agencies for such things as therapy, counseling and other direct services.
d) arranging with other agencies consultation regarding on-site delivery of direct services to children requiring follow-up.
e) provision of training and technical assistance to the Head Start staff and families.
f) expression of appreciation to those persons who assisted in the screening.
g) planning of the screen for the following year.
h) publicity about the screen through mass media.
i) evaluation of the completed screen.

In essence, the screening effort should be a circular cycle. It should begin with planning and end in planning for the following year. In this way, more flexibility is allowed for final changes which might need to occur.

EXEMPLARY TRAINING PACKAGE FOR STAFF AND PARENTS ON THE NORTH CAROLINA SCREENING EFFORT

GENERAL LEARNING OBJECTIVE: To train Head Start staff members and parents in the North Carolina Screening Process for Head Start children.

I. Definitive Learning Objective: To familiarize verbally (during a ten minute period) the audience with the purpose for training and rationale for involvement of local Program Staff.

Activity:
Verbally explain the purpose for training and involvement of local Program Staff.

Purpose for Training:
a. Each Head Start Component is important to the total development

of the Head Start child. In order to know the needs of each child, it is necessary to do a thorough screening in each area of development, look at the results and plan from these results objectively for each child. North Carolina is about to undergo a thorough screen in the areas of Speech, Language, Hearing and Visual Motor.

Screening can and should be a fun-filled experience. To make it so, the Head Start staff members and families need to work together as a team in preparing the children to experience this screen.

The instruments used in the screen will be:

a) Hearing: Impedance and Audiometry
b) Speech: Goldman-Fristoe Test of Articulation
c) Language Syntax: Brown-Frazier
d) Visual-Motor Skills: Berry-Buktenica Developmental Test of V.M. Integration.

Each staff member will have a role in the preparation of children for this screen. The preparation of children in a thorough, positive manner cannot be overemphasized. In order to prepare children, teachers will need to use materials left with today as a part of their curriculum plans and parents will need to reinforce these concepts at home.

First, however, before distributing materials, let's participate in a short activity which should exemplify the importance of the developmental and/or skill areas to be screened: Hearing - Speech - Language - Visual-Motor.

II. Definitive Learning Objective:
After a ten minute "climate setting" activity, participants will demonstrate their knowledge of the importance of these areas by verbally commenting.

Activity:
Examination of the North Carolina Screening Effort.

III. Definitive Learning Objective:
After fifteen minutes explanation of various roles by Facilitator (trainer) participants will understand the role which they are to play in the screening effort and demonstrate by discussing with total group.

Activity:
With total group, discuss each role sheet for the screening effort during an approximate ten minute period. Explain. Distribute a copy of these roles to each participant.

Ask a representative of each component to discuss what he/she sees as his/her role in the screen.

IV. Definitive Learning Objective:
Each participant will understand the objectives in preparing children for the screen and demonstrate this through role-playing and verbal discussion.

Activities:
A. 1) Distribute 1 Teacher Booklet, 1 Coloring Book, and 1 Parent Opportunity Letter to each Teacher. Ask those who are not teachers to

look at materials with one of the teachers. You should ask teachers and teacher assistants to share together.

2) Divide total groups into 8 small groups. Discuss the objectives in the Teacher Activity Book, the Giggle McBean Coloring Book and the content of the Parent Opportunity Letter.

3) Have each of 8 groups select a leader. (You should have various prompts to distribute to each of the small groups according to their assignment.) Assign one of the 8 objectives in the Teacher Activity Book to each of the small groups.

   Have each group as led by leader discuss the objective. Then have group members who are not the leader of the small group role-play the objective to total group with the leader as the Teacher and others as children.

B. Have total group remain in 8 subgroups. Supply newsprint to each subgroup and ask leaders to record.

   Have each group develop listing of alternate ways to incorporate Giggle McBean and skill areas of Objectives into Curriculum.

   Afterwards, have each small group leader report back to total group on ways. Make a composite list on newsprint of activities suggested. Leave suggested list with Program Director to have typed and distributed to Teacher and Assistants.

C. Have total group remain in 8 small groups. Ask each Teacher and Assistant to plan together for at least 2 days of activities including Giggle McBean and skill areas in Teacher Activity Booklet, more if possible.

   Ask for 1 report from each of 8 groups and ask the teachers and teacher assistants to implement the schedules in their regular classrooms; during the weeks to follow with additions.

V. Definitive Learning Objective: During 15 minutes, participants will learn to complete the top portion of the screening record form and demonstrate their knowledge by completing a form to be checked with small groups by group leader.

Activities:

1. Ask each small group leader to acquire from you a sample screening record sheet for each participant in his/her group and return to group.

2. Ask a Facilitator, using newsprint with model of the Screening Record Form on it, to take participants through each step in completing the record form. Go around to each small group and ask if there are questions or problems. Instruct the teachers to complete a screening record for each child.

VI. Definitive Learning Objective: Given a 15 minute time period, participants will ask questions and participate in discussion of feelings about the screen.

Activities:
(Self-explanatory)

VII. Definitive Learning Objective:
Each teacher will receive enough coloring books for 1 per child in his/her classroom; 1 parent opportunity letter and consent form for each child's parents; 1 screening record form and asked to maintain the yellow teacher activity book distributed already for his/her classroom.

Activity:
Before doing training, ask for number of children/classroom by teacher name. Have Parent Opportunity Letters and Screening Forms and Coloring Books in boxes by classroom and by teacher.

Have each teacher sign a sheet signifying his/her receiving the materials.

ROLE OF N. C. SCREENING FACILITATOR

Each screening facilitator will be a person who has the role already of:
a) Specially Funded Coordinator, or
b) State Training Office Staff Member.

Each Facilitator is responsible for no less than two and no more than three assigned Head Start programs, according to his/her assignment. The responsibilities of the Facilitator are as follows:

1. Meet as requested by NC STO Handicap Coordinator to plan arrangements for the North Carolina Screen.
2. Complete, in duplicate, a projected screening calendar. One copy is maintained by Facilitator. One copy is to be turned in to STO Handicap Coordinator. This calendar should yield a plan of action to be followed in the N.C. Screen: dates to make contact with local directors; dates to provide training; dates to hold training; dates to turn in various forms; screening dates, etc.
3. Continuously follow checklist provided for Facilitators as a guide and timeline and coordinate with local Handicap Effort Coordinators on their checklist to keep things moving.
4. Telephone Local Directors of assigned programs to briefly discuss the Screen and arrange a meeting with local programs to further discuss Screen and provide training.
5. On the day of training staff, follow the training package guidelines. Meet first in a.m. with Program Director and Component Staff. In the afternoon, meet with total staff and provide training.
6. Distribute appropriate forms to Local Program:
   a. Local Handicap Coordinator:
      1. Screening Package
      2. Local Handicap Effort Checklist
      3. Memo and Role
      4. Guidelines for Selection of Screening Site
      5. Parent Consent and Release Form
      6. Guidelines for making Screen run smoothly
      7. Letter confirming use of facilities
      8. Others as necessary

   b. Head Start Director:
      1. Screening package
      2. Roles of various staff members

   c. Teachers and Education Coordinators:
      1. Teacher booklets
      2. Giggle McBean Coloring Books
      3. Parent Letter

7. Work with local Handicap Effort Coordinator and Head Start Nurse to ensure that each child has a Parent Release and Con-

sent Form signed by parents/ guardian. (The statewide form should be used. Parent Involvement/Social Services Coordinator could assist.)

8. Use checklist to follow-up and be certain that Giggle McBean and objectives are being discussed in teacher activities with children.

9. Coordinate with Local Handicap Effort Coordinator to see that appropriate training site has been selected, letter confirming its use has been sent to authorizing person, hotel accommodations have been made and transportation of team has been arranged. Give information to Facilitator.

10. Coordinate with Local Handicap Effort Coordinator and Nurse to see that children are scheduled at a rate of 20/hour, appropriate transportation for them has been arranged (if necessary), and that enough volunteers and/or teachers are available to assist with moving children through the screen in a pleasant and effective way. A written schedule of children should be kept.

11. Each Facilitator should contact the screening team on the night prior to the actual screen for his/her programs to be certain that everything is operating as scheduled and planned.

12. Each facilitator should be on-site during the days of the screen and serve in whatever capacity is necessary.

13. Each Facilitator is responsible for coordinating with local Handicap Coordinators to see that teachers complete top half of screening record form correctly for each child. This should be included in training on the screening effort and should be coordinated with local program Education Coordinator.

14. If local programs need follow-up assistance regarding the screen, Facilitators should be responsible for providing this to ensure a complete cycle.

THANK YOU FOR YOUR MUCH NEEDED COOPERATION!

ROLE OF DIRECTOR

The directors will play a major part in the screening effort in obtaining commitments from local program personnel to implement the screen.

The following entails additional responsibilities of the director:

1. Meeting with STO staff person or specially funded coordinator to map out strategies for screen as well as outline local program personnel roles.

2. Assisting in locating site for screen.

3. Coordinating efforts with Wilkerson and STO to assure that screen runs smoothly.

4. Programmatic decisions concerning budget allowances for treatment and follow-up services as well as establishing linkages with needed resource agencies for same.

ROLES OF S/S - PI COORDINATORS

1. Should assist in spreading the word about the screen.

2. Assist in collecting parent consent forms that are not returned, could be an indication

of parents not understanding or rejection. These coordinators could follow-up.

3. Should assist in securing needed parent volunteers for screen.

4. Obtaining necessary financial assistance for those children who might need special treatment and follow-up services and who cannot afford to get it.

5. Initiating contact with other agencies to ensure follow-up and treatment activities.

ROLE OF LOCAL COORDINATOR OF HANDICAP EFFORT

The local Head Start Handicap Effort Coordinator will be responsible for ensuring that the screening effort is a successful operation in his/her individual program. In order to do this, the following responsibilities should be met in accordance with the scheduled time line.

Responsibilities:

1. Attend training for the North Carolina Screen to be held in the local program and request follow-up by the Screening Facilitator when needed.
2. Assist teaching staff in the incorporation of Giggle McBean into daily activities in order to meet the objectives set forth in the Teacher Manual for familiarizing children with skill areas covered by the screen. Assistance should be sought from the Education Coordinator in this effort.
3. Assist teaching staff in writing out a screening schedule of children. Twenty children per hour should be scheduled. The screen will last 7 hours per day. Please follow the guidelines for "Making the Screen Run Smoothly". A written copy of the schedules should be maintained by the local Handicap Effort Coordinator for all children in the program. A Xerox copy of the total list should be submitted to the Facilitator of the Screen. Each teacher should have a list of his/her children's schedule.
4. Local Coordinator should ask assistance from the PI/SS Coordinator and teachers in getting the Parent Release & Consent Form completed for each child. This form should be included with the green letter to go out to each child's parents: The Opportunity Letter. This information must be obtained before the screen can be administered.
5. The Local Handicap Effort Coordinator should follow "Screening Site Selection Guidelines" and secure a site to do screening. The information requested in memo to Handicap Coordinator should be supplied to the facilitator who should forward a copy to the STO Handicap Coordinator. This should be mailed during the week of October 20th. Send a letter of confirmation for use of screening site to person authorizing its use. Send carbon to Facilitator.
6. Make arrangements with the Facilitator for transportation of the Screening Team to the screening site.
7. Make hotel accommodations for the Screening Team. Inform Facilitator of accommodations. Facilitator informs STO Handicap Coordinator.
8. Work with the Ed. Coordinator and Teachers to see that each child has a screening record form with the top-half appro-

priately completed by the teacher.

9. Be on-site on the day of the actual screen to help the operation run smoothly and be certain that all necessary arrangements are made. See that team has transportation available with the Facilitator to the next site.

ROLES OF NURSE AND HEALTH ASSISTANTS

The nurse at each local program will actually be part of the screening team, screening in the areas of speech, language, hearing and visual motor skills.

The screening team will also be comprised of a supervisor, 3 graduate students and a parent.

The nurse will assist in the impedance audiometry testing. The nurse will be responsible for checking the child's ears initially with an otoscope preceeding impedance testing, to be sure that there are no obstructions or damage to the tympanic membrane. The nurse will then be asked to record these observations and/or report to the person actually performing the impedance testing, to ensure that this testing is not done on a draining or damaged ear.

The nurse should also work with the STO or SFC, local program director and Handicap Coordinator in selecting an appropriate screening site (attached is a list of suggestions for selecting a screening site).

The nurse might also want to coordinate with the teachers in preparing the children for the screen, since she has shared in this responsibility on previous occasions. If she knows of children who <u>might not</u> be particularly receptive to preparation on the actual screen, she might suggest or take appropriate steps to work with these children.

* (Health personnel will be instrumental in initiating contact with other agencies for follow-up and treatment.)

The Nurse-Health Coordinator should work with Facilitator and Local Handicap Coordinator to check for a parent consent and release form on each child. The Health Coordinator could help the Handicap Coordinator with scheduling the children for the actual screen itself - 20/hour with the younger (3 year olds) children being scheduled first and the older children in the afternoon.

The Health Assistants could also schedule or secure arrangements for lunch if some of these children will be away from their centers at lunch time.

The Health Assistants and parents can also assist the other team members in keeping the children moving in sequential order and facilitate expeditious but thorough screening.

ROLE OF EDUCATION COORDINATOR AND TEACHERS

The Education Component is vital to the successfulness of the Screening Effort. Children need to be prepared in a very positive manner to participate in the screen. Therefore, "Giggle McBean" should be given a primary role in the daily activities before the screen, on the day of the screen and even after the screen takes place. Responsibilities of the Education Staff include the following:

1. Help Local Handicap Effort Coordinator complete a schedule of 20 children/hour for 7 hours a day during the screen. Each teacher maintains a copy of the schedule for his/her classroom children.

2. Assist Local Handicap Coordinator in seeing that each child has the top portion of his/her screening

record completed appropriately prior to screen.

3. Assist in assuring that a parent consent letter and Parent Opportunity Letter for each child has been completed and returned to Head Start Program for each child.

4. Assist by seeing that Giggle McBean Activities are incorporated into daily routine for children.

5. The teacher and teacher assistant of the children to be screened each day should help prepare children during the morning of the screen by using activities to support the Giggle McBean theme.

ROLE OF PARENTS

Parents are a vital link in the chain of success of this screening effort. It is imperative that parents keep abreast of what's happening to his/her child in Head Start.

It is the responsibility of Parents to help prepare children for this experience. Even though much preparation will be done in the classroom, parents can reinforce this by (1) positive projections of screening experiences (not frightening your children, because you've had bad experiences), (2) seeing that the child gets a good night's sleep, (3) eats breakfast prior to testing, (4) asking questions of the child's teacher, to be sure you have a good understanding of what's taking place, (5) ensuring that your child is there on the day for the actual screening, (6) when able, accompany your child for treatment and follow-up services, (7) knowing all there is to know about your child's problems, if any, (8) capitalizing on strengths identified by screen, (9) securing possibilities for future health care, even after your child has left Head Start, (10) volunteering on the day of the screen to help:

a. entertain children while they are waiting
b. helping with toileting
c. keeping children moving in a sequential manner
d. spreading word to other parents about the positives of this screen.

ROLE OF CHILDREN

Children are the major concern and reason for this massive screening effort. An effort aimed at identifying special learning needs of each individual child in Head Start.

Head Start children:

1. will be prepared for this screen through the use of the Giggle McBean Pre-Screening activities, simple but reliable activities, that children should enjoy.

2. will be transported to a central location for screening exercises.

3. will be entertained while awaiting screening, with enriching activities which might supplement regular classroom activities.

4. will be screened in the areas of speech, language, hearing and visual motor skills.

5. will receive appropriate follow-up and treatment services resulting from screen.

6. will hopefully view this as a positive experience, which he/she can share with their families or other siblings.

ROLES OF THE SCREENING TEAM

A screening team is defined as a group of professional persons qualified to screen and/or test in the areas of speech, language, hearing and visual motor skills and is composed of a supervisor (certified in speech pathology or audiology), 3 graduate students (speech and/or hearing), a parent and a nurse (from the local program).

It is the responsibility of the above persons to perform the screen in the areas mentioned above using the following criteria:

A. Language Syntax Screen
B. Articulation Test:
   1. Speech intelligibility
   2. Articulation Test (Goldman-Fristoe Test of Articulation)
C. Hearing
   1. Pure tone audiometry
   2. Impedance testing
D. Visual Motor Integration (Berry-Buktenia Developmental Test of Visual Motor Integration)
E. The results of the speech and language screening are diagnostic for the purpose of Head Start records. Children who fail the hearing screen will need medical confirmation of hearing impairment before they can be documented as exceptional
F. Use the Ethnic Information recorded on form to safeguard against improper diagnosis of speech and language problems.

The following constitutes individual job duties of team members:

1. Graduate students - will perform the actual screen in the areas of speech, language and hearing.
2. Nurse - will examine the child's ears for obstructions or damage to the tympanic membrane prior to impedance testing.
3. Parent - will facilitate graduate students, nurse and supervisor. May entertain children while they are awaiting screening, take to restroom, help with lunch and aid in keeping children moving.
4. Supervisor - will oversee all screening efforts and diagnose where appropriate, will approve screening site and will monitor the recording of information on forms to be sure they are completed correctly.

Items to include for screening teams:

1. Map and directions (if needed)
2. Complete weekly agenda (date, screening site, lodging accommodations for each night including name of motel, address and phone number.
3. Contact person - name and number.

Organizing a Prevention Convention

unit 3

INTRODUCTION

Following nine months of intensive collaborative effort, the first Prevention Convention was born in Owensboro, Kentucky on April 1, 1976. Owensboro is a city of 52,000 people and is located on the banks of the Ohio River. Twenty agencies in the Western Kentucky and Southern Indiana area cooperated to organize the convention that was a CONFERENCE ON PREVENTION OF AND EARLY INTERVENTION INTO BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES (conveniently nicknamed "Prevention Convention").

We realized several years ago that trying to correct or help every person with a defect is like trying to eliminate a flood by dipping the water with a thimble. Of course, the answer to this analogy is apparent. The flood should be prevented before it can happen. That means educating the public and avoid handicapping problems before they happen.

The purpose of a Prevention Convention is to make the community aware of ways to prevent birth defects and the necessity for early intervention with handicaps. The convention also was aimed at informing the community and professionals of the many services available to the developmentally disabled.

Each of the twenty agencies had an exhibit area with resource personnel, educational materials, and audio-visuals that were available to the public. The guest registry recorded 917 adults as having visited the exhibit area that was held in the Brescia College Gym (this total did not include exhibitors).

The two co-sponsoring agencies were the Owensboro Council for Retarded Citizens and Brescia College Special Education Department. However, any agency, or interested group, could have initiated the collaboration.

Because every individual agency is so busy with its own work it is clear to us that it is vital to have one person or one group to coordinate the work of all services in order for public awareness to increase to the point when early intervention or actual prevention of birth defects occurs. No large group of loosely organized individuals can possibly do all of the planning and attending to minute details which goes with a project such as the Convention, which must have a real impact on the community.

The three-day convention had the support of the community leaders and professionals. It is having ongoing "ripple" effects because of the continued collaboration and resource sharing that is happening. It is worthy of replication in any area or town and therefore we dedicate this guide to those of you who care enough about birth defects and early intervention to collaborate and produce your own "Prevention Convention."

We recommend that you obtain the slide presentation "Reach to Resources" for direction in agency collaboration. This is available from Audubon Area Head Start, 403 West Third Street, Owensboro, Kentucky 42301.

Best wishes,

Rebecca McKee, Com. Education Coord.
Owensboro Council for Retarded Citizens

Steve McNamara, Dir. of Special Ed.
Brescia College Special Education

Ginger Moore, Cluster Handicap Coord.
Audubon Area Head Start

OPERATION PREVENTION CONVENTION

Scheduling

9 Months

Initiating agency sends invitation to all agencies and organizations who provide services to the handicapped to send a representative to attend organizational meeting for Prevention Convention (see sample letter). Agencies should include:

School Systems
Area Head Start
Health Department
Mental Health Agencies
March of Dimes
Easter Seals
United Cerebral Palsy
Child Abuse Association
Department for Human Resources (or similar state agency)
Association for Retarded Citizens
Colleges that offer Special Education Courses
Speech and Hearing Centers
Natural Childbirth Association
Epilepsy Association

8 Months

Send agenda for first meeting to agency representative.

Agenda for first meeting (2-3 hours needed)

1. Group introduction
2. Explanation of desire to hold a Prevention Convention (Purpose - see Introduction)
3. Vote - obtain commitment to participate
4. Select date, place, time, guest speakers, budget proposal (guest speakers honorariums are generally $150 per day plus travel)
5. Plan Prevention Convention schedule (See example)
6. Budget
7. Assign responsibilities - one person responsible for each of these areas:
   - A. Contact and confirm guest speakers
   - B. Publicity (billboards, newspaper, radio, TV)
   - C. Hospitality (volunteers and supplies)
   - D. Set-up (tables, signs, hospitality area, first aid station, extension cords)
   - E. Clean-up (extra trash containers will be needed)
   - F. Program (design and printing)
   - G. Posters for distribution
   - H. Film Theatre (see details on theatre)
   - I. Purchasing (food, drink, materials) - Each agency is asked to contribute toward cost of convention ($25-$50 per agency is reasonable)
   - J. Securing of facilities for Convention (should be conveniently located, good parking facilities with access to auditorium, sanctuary, and/or gym). (Suggestions: local college, shopping center mall, school, church)
   - K. Name tags for identification of exhibitors, guides, hosts, speakers
   - L. Opening Ceremonies
   - M. Securing of tables and chairs for displays (average 3 per agency)
   - N. Volunteers to help agencies move equipment into exhibit area
   - O. Transportation services for people and equipment
   - P. Make identifying signs (should be uniform) for placement over exhibits.

Guest Speakers - Nominated and selected by representing agencies

The suggested number for guest speakers is two. The representatives for the agency should select more than two in the event one has a schedule conflict. This would avoid the necessity of holding another meeting to obtain a speaker.

One speaker should lecture in the area of prevention of birth defects (perhaps a physician). The second speaker should discuss the benefit of early intervention with handicapped children (educators or professionals). It is helpful to check universities and affiliated education facilities for possible speakers. The Department for Human Resources through DDSA, and BEH would also know availability of guest speakers.

Any audio-visuals that are to be used by guest speakers should be previewed by a committee from the collaborating agencies to insure their relevance to the audience.

4 Months

Agency representatives will return to collaborate and review assignments. Each agency should have the list of films that will be used in the film theatre for the convention. This does not include slides or films used in the exhibit booths.

Each agency should have a general outline of their exhibit and space requirements for the exhibit. An example of a film schedule for convention participants is included in this guide.

3 Months

A subcommittee should be appointed to plan and coordinate the opening ceremonies.

The Opening Ceremonies

A Master of Ceremonies responsible for introductions could be a local civic leader or political leader.

Invite the boards of the agencies that are involved in the convention to be present at the opening ceremonies for recognition as delegations. This recognition also will encourage many to attend who might not have had the incentive.

The Mayor and commissioners or aldermen could be another delegation. By involving as many as possible, the convention will be a means to assist our community leaders to become aware of resources and progress in the prevention field.

Posters -- finalized and approved by agencies.

2 Months

Schedules and programs completed, posters distributed to agencies, and exhibit areas assigned.

Photographs -- when obtaining a photographer to record events, try to get a professional to volunteer. Take slides and black and white pictures.

Film Theatre Schedule -- distributed to agency representative for publicity.

1 Month

Obtain information on speakers and programs for public service promotion. Request local florist to donate decorations for stage. Agencies should begin active promotion of convention with parents, clients, staff, etc.

3 Weeks

Posters up in as many public places as possible (grocery stores, shopping centers, churches, agencies). Announcement in church bulletins for convention. Programs printed. Radio,

TV spots, and newspaper ads. Saturate public with publicity.

2 Weeks

Billboards/marquees go up

NOTE: If the exhibits are to be left overnight, some person(s) should be assigned to the exhibit area overnight to protect the equipment from vandalism or theft.

Host and Hostesses -- Use local civic club presidents and their spouses to serve as hosts (ushers) for evening lectures.

Hospitality -- This is an excellent area for involving Senior Citizens (coffee and/or tea and coke machines). You will need change and a small cash box.

Tour Guides -- Youth Group, such as Junior Civitans, Youth ARC, can aid the participants in exhibit areas.

1 Week

Check with each person who has been assigned a responsibility. You will sleep much better the night before if all seems in order.

COST: Items to consider

Two speakers - $300 honorarium
$200 travel, food and lodging

Posters

Programs

Hospitality

Agency Signs

Name Tags

Newspaper Ad (ask for charity rate if you cannot get the space donated)

WARNING:

Be sure that all publicity is very careful to avoid implying that a Prevention Convention is to prevent or promote abortion.

ADVERTISING AND PROMOTION SUGGESTIONS

Along with your press release material, the Convention will require some good advertising.

GET A BUSINESS SPONSOR TO RUN YOUR AD . . . This is not only to gain a free advertisement, but promotes the ad-sponsors' image.

BUSINESS NEWSLETTERS ARE A GREAT FORM OF PROMOTION. . . because they are a combination of advertisements and news stories, written in a folksy manner, not found in most newspapers. Many industries publish company newsletters for consumers and employees, and they are widely read.

You can contact the Public Relations or Employee Relations staff in your local industries for further information.

GETTING THE CONVENTION OFF THE GROUND AND ON THE AIR . . . can be attained through the help of your local radio and television stations. As most of the public is aware, the radio and television media broadcasts in your interest, convenience and necessity; thus, most of your managers, program directors, and news directors are more than willing to help out in a community project.

The air waves have become the most powerful means of delivering news and advertisements today, so use them all you can.

Follow some of the suggestions below:

1. See your local station's sales manager. Ask him about Public Service Announcements (PSA's) for the Convention. These are free radio and television spots given to charitable or nonprofit organizations.

2. If you prefer to purchase radio and television time, ask the sales manager to match each paid spot with a Public Service Announcement.

3. Get these local business firms to pay for a few spots with your message. Most firms advertise through press and air medium, so don't limit your resources.

4. Radio and television stations offer program forums and talk shows for the community. These are a great way of going to the public with your message, at no cost. Contact the program director of your local station and ask about scheduling agency spokespeople on one of these programs.

Most forums are from 10-30 minutes duration, and are based on interest situations, with one or more well-informed persons of your group.

5. Utilize the sample spots enclosed in the guide.

PUBLICITY

GET TO KNOW YOUR NEWS PEOPLE . . . but make an appointment first. Never barge in on reporters, editors, or news directors! These people are busy, and are rushing to beat a deadline. If you need to know who to see about your group's news, call and ask ... then make an appointment. NEVER, NEVER, waste their time with senseless chatter. Get to the point, give the facts, and gather whatever advice they may offer.

GET THE FACTS FIRST . . . If your story is related to people, gather resumes including education, civic activities, business, and any other news relating to his or her qualifications as the newsmaker. Ascertain that all dates, places, titles, positions, and events are correct in spelling and order.

PUT THE FACTS IN YOUR LEAD PARAGRAPH . . . This should be the news core of your story. It should contain Who, What, When, Where, How and Why. Then follow with the other details in paragraphs which are placed in order of importance.

SAMPLE

PREVENTION CONVENTION SCHEDULE

Thursday, (DATE)

5:00-7:20 P.M. -
Exhibits open to public (LOCATION)

5:00-6:50 P.M. -
Film Theatre (LOCATION)

7:30 P.M. -
(LOCATION) - (LECTURER) will speak on the "Early Identification and Intervention Into Developmental Disabilities"

Friday, (DATE)

8:30 A.M. -
"Round Table Discussion" (LECTURER) and Professionals - (LOCATION)

2:00-7:00 P.M. -
Film Theatre (LOCATION)

5:00-7:20 P.M. -
Exhibits open to public (LOCATION)

7:30 P.M. -
(LOCATION) - (LECTURER). Topic, "Towards a Better Understanding of Prevention of Developmental Disabilities"

Saturday, (DATE)

10:00-2:00 P.M. -
Exhibits open to public (LOCATION)

INTERDISCIPLINARY APPROACH

Effectively meeting the special needs of handicapped children in Head Start requires the combined efforts of all available community resources. An interdisciplinary approach achieved through collaboration can provide a comprehensive program meeting the needs of the child in his total environment.

A primary objective of Head Start programs within the Audubon Area Specially Funded Cluster has been to achieve this interdisciplinary approach through local and cluster collaborative arrangements.

Through establishing good rapport and an awareness of our objectives within local communities, Head Start can achieve additional support in recruitment, the provision of needed special services, and an increased understanding among agencies and parents of the Head Start mainstreaming effort.

PLANNING

A well planned process, adapted to the needs of the local area, can assure a community level delivery system in services to handicapped children in Head Start. Initial planning strategy includes identifying:

* needs: diagnostic, services, training, resource materials
* available resources and services provided
* contact persons
* community advocates
* alternative approaches
* time elements
* follow-up
* strategies that will make the collaborative effort beneficial to all concerned; identifying Head Start resources that can be shared with other agencies.

PREPARING

Adequate preparation by Head Start staff can help insure a positive collaborative effort. Preparation may include:

* Preparing public relations approaches for increasing knowledge about the local Head Start program and mainstreaming effort.
* Developing and/or acquiring public relations media and material.
* Establishing a mailing list and preparing handouts and correspondence that will precede presentations.
* Informing and training staff in implementation of collaborative effort and recruitment.
* Developing strategies for follow-up.
* Preparing information that relates what benefits the collaborative arrangements will provide to cooperating agencies.

Many agencies are unaware of the full range of services provided by Head Start. Prior to collaboration arrangements, community agencies

should be given an opportunity to increase their awareness of Head Start, the mutual goals they may share, and the resources available from Head Start. Head Start has much to offer other agencies that make collaboration beneficial. In addition to the major benefit of providing opportunities for referred children to participate in a developmentally appropriate program with non-handicapped, other benefits may include:

* Cooperation in child-find efforts.

* Sharing curriculum, resources, and consultation.

* Cooperation in parent training activities.

* Opportunities for collaborating agencies to participate in local and cluster training sessions.

* Sharing resources on a cluster-wide basis; utilizing a resource library maintained by the Specially Funded Program.

PRESENTING

The quality of the collaborative arrangements will be determined by the interest and personal attention given to the individual agency. Presentation may include:

* Letters and handout materials

* Contacts and consultation by phone

* Personal visits

* Seeking opportunities to present short, effective presentations to organizations to secure community understanding and support.

Collaboration meetings provide an opportunity for presentations that increase the awareness of the Head Start mainstreaming effort and discussions by the group of mutual goals and objectives that can be achieved through a cooperative effort.

In addition to increasing the awareness of local agencies, public relations media, materials, and presentations can be utilized by the news media and in meetings of local civic organizations to stimulate the understanding and support of the local community.

Slide/Tape Scripts

LOVE YOUR RESOURCE NEIGHBOR

Script

Slide #	
1	Blank
2	Love Your Resource Neighbor
3	A Guide to Resource Collaboration in Head Start
4	Head Start Perspective
5	We are all familiar, by now, with the 1972 mandate which called for at least 10% of the nationwide enrollment in Head Start to consist of children who are handicapped and require special services.
6	Clearly, the intent of the mandate is to insure developmental services to preschool-age handicapped children, ...
7	including the severely handicapped, ...
8	in an integrated or mainstream setting with non-handicapped children.
9	Recognizing the enormous task that the provision of appropriate special services represented, ...
10	the Region IV Office of Child Development designed and implemented a system for training Head Start personnel in mainstreaming the handicapped child.
11	This system utilizes a "training to train" approach; ...
12	requiring the replication of training efforts from one level ...
13	to another.
14	Each of the 8 states in Region IV maintains this network organization.
15	In satisfying the mandate, two early problems faced by Region IV -- and by other Head Start programs across the country -- were the identification ...
16	and recruitment of children with handicaps.

17 By informing communities about the priority effort to enroll handicapped children, ...

18 local programs increased the public's awareness of Project Head Start, not only as an emerging resource for services to preschool handicapped children, ...

19 but also as the nation's largest preschool system for non-handicapped children.

20 The handicap effort demanded an integrated approach in relating to a wide variety of community resources, ...

21 and gave birth to a renewed spirit of cooperation within Head Start itself.

22 This commitment to cooperate internally was a prelude to Head Start's cooperation with outside agencies.

23 To expedite this collaborative process, the Office of Child Development and the Bureau of Education for the Handicapped ...

24 issued a joint memorandum in September 1975 calling for closer cooperation between the two agencies.

25 Additionally, in January of 1976, the Developmental Disabilities Office and OCD ...

26 issued a joint memorandum which established their efforts in seeking ways to share expertise and resources.

27 RATIONALE, STOP NARRATION TAPE

28 Because of its size and extent, Head Start would seem to represent the most available option for the placement of preschool handicapped children.

29 Yet, collaborative arrangements to achieve this have not been fully developed in many states.

30 A recent revision of the mandate requiring a 10% enrollment on a state-by-state basis, instead of the previous national basis,

31 and a new emphasis on serving the severely and profoundly handicapped child, ...

32 have magnified the responsibilities of each Head Start grantee in the country.

33 There is a demonstrated need for the on-going training of Head Start staff to be able to work effectively on a developmental basis with children with different types of handicaps.

34 The need for direct, specialized services to children ...

35 and the need for staff training in these special areas ...

36 join hands in dramatizing the larger overall need for strong collaborative efforts with existing resources.

37 PROCESS, pause on narration slightly

38 Collaboration is fundamentally the process of working together and takes place in many ways and on many levels.

39 Interagency collaboration means any agency-to-agency sharing of work loads which help in achieving mutual goals.

40 Head Start programs can collaborate with other agencies at three levels:

41 through general understandings, ...

42 common expectations, ...

43 or formal commitments.

44 GENERAL UNDERSTANDINGS are the simplest and easiest forms of collaboration: ...

45 each agency becomes informed about the other's resources, ...

46 services, ...

47 and areas of need.

48 COMMON EXPECTATIONS is a more formal type of collaboration. At this level, both Head Start and the other agencies openly communicate what is expected of the other -- ...

49 whether it is a cooperative work effort, ...

50 a provision of direct services, ...

51 or a mutual sharing of resources.

52

52 The level of FORMAL COMMITMENTS between agencies requires each to render specific products or services.

53 Interagency contracts specify the agreements in terms of time, money, personnel, and resources.

54 In developing contracts and commitments, it is essential for Head Start to establish with the other agency the mutual goals and performance objectives.

55 Commitments are easily measured and lead to useful documentation and the evaluation of the collaborative process.

56 Because of this, Head Start programs are encouraged to make formal commitments with other agencies in meeting mutual goals.

57 This will help during fiscal year 1977, as the National Office of Child Development will be evaluating each Head Start agency's efforts to collaborate.

58 EXAMPLES, pause very slightly.

59 As efforts to collaborate move from a national to a local level, the emphasis correspondingly shifts from a collaboration of systems ...

60 to a collaboration of people in providing direct services to children.

61 It is one thing to mandate collaboration in Washington, D.C.

62 It is another thing entirely to achieve that goal in Owensboro, Kentucky.

63 The wheels of large, systematic forms of collaboration have already been set in motion on the national level.

64 The earliest, and perhaps most far-reaching, was the joint announcement by OCD and BEH.

65 BEH provides financial assistance to over 500 personnel preparation programs.

66 These programs prepare educators and other specialists who provide direct services to handicapped children.

67 Many Head Start programs are located near institutions of higher learning or state education agencies which receive these federal funds.

68 The faculty and staff members of these BEH-funded institutions could provide training sessions and demonstrations for Head Start project staff.

69 Besides initiating collaborative efforts on their own, regional offices make significant contributions by leading the way in the provision of specific plans and guidelines in implementing national goals.

70 One of the most comprehensive efforts of regional collaboration was the screening effort conducted in Florida, Kentucky, North Carolina, and Tennessee coordinated by the Bill Wilkerson Speech and Hearing Center.

71 Over 20,000 children were screened for communication problems in 4 areas -- hearing, speech, language, and visual/motor development.

72 The screening effort stressed collaboration from the outset, utilizing local Head Start Training and Technical Assistance personnel, Health Liaison Staff, ...

73 State and local Handicap Coordinators, resource agencies, and other professional personnel.

74 In this way, resources were identified early and involved integrally in the provision of screening, diagnostic, and referral services to Head Start children.

75 The Education of the Handicapped Act provided financial assistance to state agencies for the early education of children with disabilities.

76 Head Start can be influential in the drafting of these state plans, and can even receive some of these monies, themselves.

77 Head Start Directors are urged to contact their Departments of Special Education to become involved in this planning process.

78 Likewise, State Departments of Special Education are urged to contact the President of the State Head Start Director's Association to obtain their assistance in planning and to assure services to all handicapped preschoolers.

79 Another method of state collaboration is the establishment of a STATE ADVISORY COUNCIL, like the one in Kentucky.

80 This council is organized to advise, recommend and assist State Head Start Programs in the coordination of inter-agency and multi-disciplinary services for exceptional children.

81 A third method of statewide collaboration is manifest in working with state universities designated as University Affiliated Facilities.

82 A key mission of UAFs is to provide model systems which incorporate a full range of services: screening, ...

83 evaluation, ...

84 treatment, ...

85 planning, ...

86 and educational programming.

87 Head Start is an obvious target for the kinds of comprehensive services that UAFs provide, and both agencies are urged to initiate collaborative arrangements with the other.

88 Collaborative arrangements often do not bear direct results in services to children until they reach the cluster or local level.

89 It is at this level that people work together with other people. Often, striving to reach mutual goals enables individuals to attain personal goals as well.

90 One of the ways this meshing of personal goals is realized is through Head Start's involvement of college and university interns.

91 This involvement can extend Head Start's range of services, reduce the teacher-pupil ratio, and enhance the individualization of the pupil's learning environment.

92 In turn, university and technical institutes find in Head Start a field laboratory where theory can be put to practice.

93 A fine example of inter-agency collaboration achieved at a local level occurred in Owensboro, Kentucky, April first and second, 1976.

94 Through the cooperative efforts of 20 agencies, including Head Start, a "Prevention Convention" provided several communities in western Kentucky with immediate information relevant to the prevention of birth defects, ...

95 to the identification and early intervention of developmental disabilities, ...

96 and about services available at the state and local levels.

97 (Pause a little)

98 Some 9 million persons in the United States are handicapped. The experience of a handicap originating during the crucial childhood years inevitably makes more difficult and sometimes impossible, full participation in school, family, work and social activities.

99 The goal of Head Start personnel who work with these children is to help enable them to live up to their full potential.

100 Through training in self-help and motor-related skills.

101 Through education and recreation opportunities tailored to the specific needs and capabilities of the individual. Head Start commits itself to this effort.

102 Head Start recognizes that it cannot provide all of the many and diverse specialized services that are required by these children.

103 However, through successful collaboration with local and state agencies that CAN provide them, Head Start children with special needs can receive these specialized services.

104 Head Start has had an exciting and productive past, ...

105 but the future also holds unlimited promise for this program which really belongs to the people it serves.

106 (Love Your Resource Neighbor) .. Music

107 Chapel Hill Training-Outreach Project .. Music

108 Credit .. Music

109 Credit .. Music

110 Funding .. Music

REACH TO RESOURCES

Script

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16	To be special means different things to different people. Hope is special.
17	She has Spina Bifida and had never been to school with other children.
18	Now, Hope attends Head Start where she is learning and playing with other children for the first time.
19	Shannon is also special.
20	She has Cerebral Palsy, but her handicap does not interfere with her participation in Head Start.
21	Jeff is severely hearing-impaired and attends Head Start as well as special therapy sessions at a local clinic.

22 Lisa is blind but an active member of her Head Start class.

23 Betty is a child with Downs Syndrome who attends a special preschool, but also participates daily in Head Start.

24 Greg has an orthopedic disability and benefits from both Head Start and special therapy sessions.

25 Kathy was born with a cleft palate and receives speech in Head Start.

26 In its efforts to provide a mainstreaming experience for handicapped children, the value of the Head Start experience for all children is increased.

27 Effectively meeting the special needs of handicapped preschoolers however, requires the combined efforts of all available community resources.

28 An interdisciplinary approach, achieved through the cooperative efforts of Head Start and other agencies, can provide a comprehensive program meeting the needs of the child in his total environment.

29 A primary objective of Head Start programs within the Audubon Area Specially Funded Cluster has been to achieve this positive interdisciplinary approach through local collaborative efforts.

30 Although these Head Start programs had previously worked cooperatively with many agencies, ...

31 they found that with increased recruitment of handicapped children, ...

32 and the enrollment of more severely handicapped, it was necessary for the cluster to expand this cooperation into more effective collaboration, ...

33 and to generate increased awareness of the Head Start mainstreaming concept.

34 Through establishing good rapport and an awareness of our objectives within local communities, Head Start can achieve additional support ...

35 in recruitment, ...

36 the provision of needed special services, ...

37 and an increased understanding among agencies and parents of the Head Start mainstreaming effort.

38 Effective collaboration is not achieved by chance.

39 A well-planned process, adapted to the needs of the local area can assure a community level delivery system in services to handicapped children in Head Start.

40 The first step in this process is initial PLANNING ...

41 utilizing various staff members to identify needs, available resources, ...

42 community advocates, alternatives, follow-up, ...

43 and strategies that will make the collaborative effort beneficial to all concerned.

44 PREPARING for collaboration can help assure a positive effort.

45 A thorough understanding of the services provided by every agency is essential.

46 Prior to collaboration arrangements, local agencies should be given opportunities to increase their awareness of the local Head Start program, ...

47 the mutual goals they may share, and the resources available from Head Start.

48 Head Start has much to offer other agencies that makes collaboration beneficial.

49 In addition to the major benefit of providing opportunities for referred children to participate in a developmentally appropriate program with non-handicapped, ...

50 there are other valuable resources such as cluster workshops, ...

51 and training provided by the local program.

52 Head Start can also share resource materials, curriculum, and consultation.

53 A cluster resource library, maintained by the specially funded program, can become a part of collaborative arrangements throughout the cluster.

54 A variety of books, pamphlets, handouts and audiovisual media relating to special needs and early childhood can be maintained for use by the cluster and also be available on loan to collaborative agencies within the cluster.

55 Through collaboration, more materials can be added to the library.

56 Collaboration arrangements with local agencies will vary and may include: ...

57 simple exchanges of information, referrals and support, ...

58 expectations of cooperation and sharing of resources to achieve mutual goals ...

59 and, commitments for specific services and contractual agreements.

60 Through commitments, specific diagnostic and special services can be provided to Head Start.

61 Adequate planning and advanced commitment arrangements can assure Head Start of early diagnostic and special services.

62 This will help reduce the time lag between referral, diagnosis, and actual services to the child.

63 Advocates within the community can be valuable resources in planning and preparing for collaboration.

64 Members of the Kentucky Head Start State Advisory Council have provided on-going consultation and assistance in this area.

65 PRESENTING a collaborative effort to local agencies that will insure positive results requires more than a letter or a phone call.

66 The interest and personal attention to each agency will determine the quality of the collaborative arrangement.

67 Letters and handout materials can be utilized.

68 Contacts and consultation can be made by telephone.

69 Personal visits made with each agency to determine cooperative arrangements and commitments, ...

70 and group meetings with representatives from local agencies and Head Start.

60

71 Collaboration meetings provide an opportunity for presentations that increase the awareness of the Head Start mainstream effort and discussions by the group of mutual goals and objectives that can be achieved through a cooperative effort.

72 In addition to increasing the awareness of local agencies, public relations materials can be utilized in meetings of local civic organizations and by the news media to stimulate the understanding and support of the community.

73 Through the cooperative work efforts of Head Start and local community resources, ...

74 children who have special needs are now receiving a wide range of services and communities are becoming aware of special needs, the concept of mainstreaming and the value of cooperation.

75 An example of the effects of a cooperative effort by local agencies is seen in a convention focusing on prevention and early intervention of developmental disabilities.

76 Through the cooperative efforts of 20 agencies, including Head Start, a "Prevention Convention" provided several communities in Western Kentucky with pertinent information relating to the prevention of birth defects, ...

77 early identification and intervention of developmental disabilities, ...

78 and services available at state and local levels.

79 All agencies participated in planning, scheduling, publicity, and implementation of a series of meetings and exhibits that brought in more than 900 participants in Western Kentucky.

80 Twenty exhibit areas sponsored by agencies serving the handicapped were open to the public to provide literature, ...

81 consultation, ...

82 and information relating to available services.

83 A variety of audiovisual media was used to inform visitors of the many services provided and techniques of prevention, identification and intervention.

84 Two highly recognized guest speakers were scheduled for two, separate, presentations open to the general public.

85 Group meetings were provided for professionals, students, Head Start, and special educators with these speakers.

86 The convention also provided individual consultation to a local special school and home for the developmentally disabled.

87 The cooperating agencies gained support and participation from a state senator, the mayor and other city officials.

88 The effects of this convention can be seen in the rapport established between agencies who worked together on a joint effort, ...

89 the increased public awareness and concern in the area of developmental disabilities, ...

90 the valuable information gained through sharing resources, ...

91 expanded cooperation in services to the handicapped, ...

92 and most important to Head Start, the effect on collaboration efforts throughout the cluster.

93 Valuable resource information is being disseminated throughout the cluster, ...

94 and future conventions of this type are being discussed in local communities in Kentucky.

95 Through the interest and enthusiasm of Head Start and local agencies, effective collaboration can be established to meet the needs of the handicapped child and his family, ...

96 and increase the knowledge, understanding and acceptance of individual differences and needs within the community.

97 Music

98 (Credit) .. Music

99 (Credit) .. Music

100 (Credit) .. Music

101 (Funding) .. Music

USE OF STUDENTS

Script

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6	Title
7	The integration of handicapped children in Head Start is based on the program's commitment to individualized services for all children.
8	The implementation of a prescriptive educational approach which focuses on individual needs is not an easy task.
9	It requires appropriate training, supervision and practice.
10	Teachers who are successfully individualizing the learning environment of their children know that this approach thrives on opportunities for one-to-one teacher-pupil interaction.
11	As Head Start works toward individualized pupil learning, the effort can be strengthened through the involvement of college and ...
12	university student interns who enhance and extend existing services by providing the skills of their professions.
13	Most colleges, universities and technical institutes are constantly seeking field placements for students to implement their classroom experiences into practical day-to-day experiences.
14	The comprehensive services of Head Start provide the opportunity to include students from numerous disciplines through a variety of program involvement; tutorial, field placement and therapy.
15	Students in speech and hearing services find a setting for auditory, speech and language screening or therapy.

16 Psychology students find the opportunity to apply theoretical training in behavior management and counseling.

17 Children with emotional problems can receive services from psychiatric interns.

18 Special education trainees can assist in meeting special developmental needs of handicapped children.

19 Health services provide learning opportunities for nursing and pediatric students.

20 Social services gives the student in social work the opportunity to work with families who often have medical, emotional, economic or other resource needs.

21 In programs with orthopedically handicapped children physical therapy and occupational therapy trainees can provide a needed service.

22 The possible ways of involving students are practically limitless.

23 However, the enthusiasm for recruiting students who can bring interest, energy and skills to add to existing program resources must not overshadow Head Start's responsibility to give to the enrichment of the student's professional growth.

24 A program should be careful not to inundate itself with more students than it can reasonably facilitate.

25 Once the decision to involve students in the Head Start program has been made, careful planning and organization from the beginning help to insure a worthwhile and profitable experience.

26 Together the Head Start staff should determine the types and number of students the program would be able to accommodate.

27 Identifying these needs at the start provides direction in selecting which student programs to contact.

28 During the initial contact with a liaison agency, each program should orient itself to the philosophy, needs and expectations of the other program.

29 If both programs feel they can benefit from the collaboration then arrangements for placing students can proceed.

30 Before a student begins an internship, there needs to be at least one planning meeting which includes Head Start, the liaison agency and the student.

Students will probably have numerous questions to ask about Head Start

and Head Start can make use of this meeting to ascertain the unique needs and interests of the student.

The liaison agency will have certain objectives or experiences they expect the student to meet.

The integration of these objectives within the Head Start framework becomes the student plan or contract.

Such a contract is extremely important in that it establishes the responsibilities of

the student,

the liaison agency

and Head Start, and is agreed upon by all from the beginning.

An orientation to Head Start philosophy, program policies and staff responsibilities, as well as schedules and materials, will make the student's involvement easier and more appropriately directed.

When students have to spend several weeks discovering these basics themselves, valuable time is lost.

Likewise, the Head Start staff needs orientation to the student program through a clarification of the student's role and responsibilities, and, in turn, of the Head Start staff's responsibilities to the student.

None of this preparation will be wasted. The Head Start program will be ready to receive the student when he arrives to begin his internship.

Sound supervision for the student while he is in the program is essential.

This can be provided by a qualified person on the Head Start staff, a qualified person from another agency or by the liaison agency.

When the practicum experience has been well-planned, and supervision and responsibilities clearly specified, the likelihood of a mutually beneficial collaboration is increased.

Evaluation of the student is an on-going process throughout the practicum, both by the liaison agency, and the Head Start staff.

47 In addition, Head Start and the liaison agency should evaluate their experiences with each other to determine whether this collaboration should continue.

48 As in any collaborative effort benefits and problems will emerge on both sides.

49 In order for a collaborative effort to be a reinforcing and positive experience, the benefits need to be greater than the problems.

50 Not all problems can be foreseen, of course, but many potential difficulties can be diminished or eliminated from the beginning.

51 A willing, supportive and receptive Head Start staff is not threatened by student interns.

52 Recognizing that students come to learn as well as to give prevents misusing students solely as a source of free labor.

53 Clarifying expectations and responsibilities places the internship into proper perspective for everyone.

54 A thorough orientation process reduces feelings of frustration.

55 Adequate supervision from Head Start or the liaison agency makes certain that the internship progresses satisfactorily.

56 Benefits are what one hopes to receive from a collaborative effort.

57 By involving students, Head Start can enhance and extend its range of services.

58 The Head Start staff can receive training in special skills and techniques.

59 Students in the classroom reduce the teacher-pupil ratio, thereby increasing the adult interaction for each child.

60 From their experience with Head Start, students may return to provide their services after completing their professional training

61 or become advocates for Head Start in the community.

62 The liaison agency finds in Head Start a field laboratory where theory can be put to practice.

66

63 The experiential background of the Head Start staff enables students to develop a greater understanding of this population.

64 The long-term experience of the Head Start teachers in working with young, normal children can be beneficial to students who are concentrating in a specialized field.

65 While the positive outcomes from involving students in Head Start can be extensive, using student interns effectively is neither easy nor does it occur spontaneously.

66 It depends and thrives on planning, good supervision and evaluation.

67 It is time-consuming, and, for some, threatening.

68 It is also a challenge to tap one of the greatest latent resources available to Head Start programs in meeting the needs of the children.

69 (Chapel Hill Training-Outreach Project) .. Music

70 (Credit) .. Music

71 (Funding) .. Music